PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

appropriate. All further conindicated unless corrected by maintenance fee notification	selow or directed otherwise	Patent, advance or in Block 1, by (a)	ders and notification) specifying a new	of maintenance fees correspondence address	will be mailed to the current ;; and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 23338 7590 12/22/2003				Note: A certificate of mailing can only be used for domestic mailings of the Fce(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
DENNISON, SCHULTZ & DOUGHERDY 1745 JEFFERSON DAVIS HIGHWAD ARLINGTON, VA 22202 FEB 1 1 2004 2				Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
				(Depositor's name)		
				(Signature)		
				(Date)		
APPLICATION NO.	FILING DATE	• •	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/926,534	01/22/2002	Abderrahim Ben		nis	01198	7735
TITLE OF INVENTION: P	HARMACEUTICAL COMP	POSITIONS FOR C	DRAL ADMINISTR	ATION OF PHLOROC	GLUCINOL AND PREPARA	TION THEREOF
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE F	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	1	\$0	\$1330	03/22/2004
EXAMINER		ART UN	IT C	CLASS-SUBCLASS	7	
OSTRUP, CLINTON T		1614		514-734000		
CFR 1.363).	e address or indication of "Forence address (or Change of C 22) attached.	Ì	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or			
☐ "Fee Address" indication	on (or "Fee Address" Indicat or more recent) attached. Use	tion form	agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unless been previously submittee (A) NAME OF ASSIGNI PROMINDUS (A)		low, no assignee da submitted under sep (B ONNELLES	ata will appear on the parate cover. Comple) RESIDENCE: (CI		assignee data is only appropri T a substitute for filing an ass UNTRY)	ate when an assignment has ignment.
	assignee category or catego	•	inted on the patent):	☐ individual	corporation or other private gr	roup entity
4a. The following fee(s) are			. Payment of Fee(s):			
☑ Issue Fee				nount of the fee(s) is en		
□ Publication Fee □ Payment by credit card. Form PTO-2038 is attached. □ Advance Order - # of Copies □ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to						
Director for Patents is reques			Deposit Account N	umber	ssue fee to the application ide	opy of this form).
(A. al. a. i. a. d. Siana and A.)		(Data)				
(Authorized Signature)	UJS45 1 Publication Fee (if require	_ _ -	104			-
other than the applicant; a interest as shown by the rec	a registered attorney or ago cords of the United States Pa	ent; or the assignent tent and Trademark	e or other party in k Office.	1		
obtain or retain a benefit application. Confidentiality estimated to take 12 minut	by the public which is to fi y is governed by 35 U.S.C. 1 les to complete, including gr	ile (and by the US 22 and 37 CFR 1.1 athering, preparing	PTO to process) an 4. This collection is , and submitting the	02/13/2004	GWORDOF2 00000125 099	926534
BEITE TO. COMMISSIONER	tion is required by 37 CFR by the public which is to five the public which is to five the public which is to five to complete, including and to the USPTO. Time will the amount of time you in the total public the amount of time you in the public that the	5 222.2		1		1330.00 OP
Under the Paperwork Re- collection of information un	duction Act of 1995, no p nless it displays a valid OMI	persons are require B control number.	ed to respond to a			